



# Provider News & Resources

January 17, 2022 Issue 41

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[HCPCS Special Bulletin](#)

[Synagis® Special Bulletin](#)

## At-Home Over-The-Counter COVID-19 Test Coverage

Effective January 15, 2022, Health First Colorado covers At-Home Over-The-Counter COVID-19 tests through the Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) benefit. DMEPOS providers should use HCPCS procedure code **E1399 with modifier U1** to bill for these products.

Claims billed for tests may begin suspending for EOB 0000 - "This claim/service is pending for program review." while the Colorado interChange is being updated. Claims will be released from suspense once the update is complete. More information will be provided in future communications.

Please note:

- Member co-pays are not required.
- Prior Authorization is not required.
- Test coverage is limited to 15 units of service per month per member.
- Span-billing is permitted for monthly allowance. See the [DMEPOS billing manual](#) for details.
- One unit of service is equal to one individual test. If a package includes two tests, the provider should bill for two units of service.
- Providers must bill Health First Colorado the same amount as the retail price on a per-test basis. For example, if the provider sells a two-test pack for \$14, they would bill two units of service at \$7 each to Health First Colorado.
- A prescription is necessary to receive reimbursement, as is required for all DMEPOS. However, the [Public Readiness and Emergency Preparedness Act](#) allows for pharmacists to order these tests.
- Providers must use the NPI of the ordering provider, such as the pharmacist, on all claims.
- All claims for tests should be billed to Gainwell Technologies Fee-For-Service (FFS), including for members enrolled in the Denver Health and Rocky Mountain Health Plan managed care networks.

Contact Haylee Rodgers at [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

## Did You Know?

**Verify Eligibility for Other Insurance and Medicare Coverage**

## Upcoming Holidays:

**Martin Luther King Jr. Day -  
Monday, January 17**

State Offices and the  
ColoradoPAR Program will be  
closed.

DentalQuest and Gainwell  
Technologies will be open.

Health First Colorado (Colorado's Medicaid program) is the payor of last resort. Providers are reminded to check member eligibility to verify primary insurance coverage.

Medicare and third-party liability (TPL) (commercial) insurance carriers must be billed prior to submitting a claim to Health First Colorado. The date of payment or denial must be indicated on each line of the claim. The explanation of benefits must be retained but is not required to be attached to the claim.

Providers and billers are encouraged to review the [Submitting a Claim with Other Insurance or Medicare Crossover Information Quick Guide web page](#).

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## COVID-19:



### Prior Authorization Requests (PARs) Submitted to Kepro

Changes have been made to Prior Authorization Request (PAR) requirements and PAR processes for several Fee-For-Service Health First Colorado benefits to help facilitate hospital responses to the current COVID-19 surge.

The changes remain in effect from November 8, 2021, until further communication from the Department.

Refer to the email communication

[Update: COVID-19 Response for Prior Authorization Requests \(PARs\) submitted to Keystone Peer Review Organization \(Kepro\) 1-5-2022](#) for more information.

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## COVID-19: Rate Increase for Vaccinations

Effective September 1, 2021, reimbursement for administration of the first dose of the Johnson & Johnson's Janssen COVID-19 vaccine as well as the first and second doses of the Moderna and Pfizer COVID-19 vaccines increased to \$61.77. The rate for subsequent doses will remain \$41.18.

Refer to the email communication [COVID-19 Vaccine Rate Increase 12-16-21](#) for more information.

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## Marshall Wildfire Response:



### PARs Submitted to Kepro & Prescriptions to Magellan RX Pharmacy Management

Health First Colorado (Colorado's Medicaid Program) is committed to ensuring members who were impacted by the devastating Marshall Fire have continued access to needed outpatient prescription medications and to any items, equipment or supplies destroyed or missing that require a Prior Authorization Request (PAR).

### Prior Authorization Requests (PARs) Submitted to Keystone Peer Review Organization (Kepro)

Effective December 30, 2021, providers working with a member that needs a Prior Authorization Request (PAR) to address destroyed or missing equipment or supplies as a result of the wildfire or subsequent evacuations, may request an expedited PAR by selecting "expedited" as the request type through Kepro's PAR system, Atrezzo.

Refer to the email communication [Marshall Wildfire Response - Prior Authorization Requests PARs Submitted to Kepro - 1-5-2022](#) for more information on submitting a expedited PAR.

Contact Kepro Customer Service at 720-689-6340 or email the Utilization Management (UM) inbox at [hcpf\\_UM@state.co.us](mailto:hcpf_UM@state.co.us) for questions regarding this process.

## Prescriptions Submitted to Magellan RX Management Pharmacy

If a member's medications were destroyed, damaged or are otherwise not accessible, Health First Colorado will cover any needed refills. In the event of any refill denials, pharmacies should contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for the required overrides.

If a prior authorization request cannot be obtained in time to fill a new prescription, pharmacies may dispense a 72-hour supply (three days) of covered outpatient prescription drugs to an eligible member. An emergency is any condition that is life-threatening or requires immediate medical intervention. Contact the Magellan Rx Management Pharmacy Call Center for authorization on the emergency three-day supply.

Refer to the the email communication [Marshall Wildfire Response - All Medication-Prescribing Providers and Pharmacies - 01-05-2022](#) for more information.

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## New Procedure Code 90677 for Adult Pneumococcal Vaccine

### Colorado interChange Updated

The new procedure code 90677 for the adult pneumococcal vaccine has been added to the [Immunization](#) and [Health First Colorado](#) Fee Schedules.

Effective 12/10/21, the Colorado interChange has been updated to accept claims for dates of service on or after 10/1/21, billed with this new procedure code.

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## Recently Published Billing Manuals

- [Pharmacy Services Billing Manual](#) - New Manual - Reference the article "Upcoming Changes for Pharmacist Services Benefits and Billing" in the [January 2022 Provider Bulletin \(B2200472\)](#) for more information.
- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)
- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [Pharmacy](#)

Visit the [Billing Manuals web page](#) to locate all published manuals.

## Resolved Issues

### Resolved 1/14/22

#### Physician-Administered Drug (PAD) Claims Denying for Explanation of Benefits (EOB) 0192

Some PAD claims for the following procedure codes with dates of service on or after 1/1/22 were denying for EOB 0192 - " Prior Authorization (PA) is required for this service. An approved PA was not found."

Impacted procedure codes: J0517, J0585, J0586, J0587, J0588, J0897, J1300, , J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599, J1745, J2182, J2323, J2350, J2357, J2786, and J3380.

Providers are reminded that these drugs will be subject to PA requirements effective 1/18/22. Refer to the [January 2022 Provider Bulletin \(B220472\)](#) for more information.

Affected claims were reprocessed 1/14/22.

Issue resolved 1/14/22

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### Resolved 1/6/22

#### **Non-Emergent Medical Transportation (NEMT) Claims for Procedure Code A0120 Denying for Explanation of Benefits (EOB) 1512**

Some NEMT claims for procedure code A0120 with dates of service on or after 12/1/21 were denying for EOB 1512 - "The procedure code/modifier combination is not payable for the date of service."

Affected were reprocessed 1/13/22.

Issue resolved 1/6/22.

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### Resolved 11/3/21

#### **Colorado interChange Update for 2.5% Increase on Outpatient Hospital Enhanced Ambulatory Patient Grouping (EAPG) Rates**

The Colorado interChange was updated according to Senate Bill (SB) 21-205, which authorized a 2.5% rate increase for outpatient hospital EAPG claim payments for dates of service on or after 7/1/21. Visit the [Outpatient Hospital Payment web page](#) for more rate information for hospitals paid through the EAPG system.

Affected claims were reprocessed 12/24/21. Any adjustments that would have denied and recouped the first claim were not reprocessed so that the provider would still retain the original payment.

Issue resolved 11/3/21.

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### Resolved 10/20/21

#### **2022 CMS Diagnosis Code Release - M5450 and R053 Diagnosis-Related Claim Denials**

The Colorado interChange has been updated with diagnosis codes listed in the most recent release from Centers for Medicare and Medicaid Services (CMS). This update included diagnosis codes M5450 and R053. Providers were seeing multiple, diagnosis-related claim denials prior to the update.

Providers are reminded, that not all new diagnosis codes are immediately billable through Health First Colorado when initially released by CMS. All codes must be reviewed for medical necessity, prior authorization coverage standards and rates before the codes are reimbursable.

Affected claims were reprocessed 12/1/21. Additional claims were identified and reprocessed on 1/11/22.

Issue resolved 10/20/21.

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### Resolved 12/23/21

#### **Home & Community-Based Services (HCBS) Providers (Specialties 675 & 676) - Respite Care Claims for S5151 Paying Incorrectly with Explanation of Benefits (EOB) 2391**

Some Home & Community-Based Services (HCBS) Respite Care claims for procedure code S5151 received and processed on or after 12/1/21, were paying incorrectly with Explanation of Benefits (EOB) 2391 - "BH Per Diem benefit is limited to 1 per day."

Affected claims were reprocessed 1/14/22.

Resolved 12/23/21.

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### Resolved 12/7/21

#### Home & Community-Based Services (HCBS) In Home Support Services (IHSS) Claims for T1019 Paid at Incorrect Rate

Some IHSS claims subject to the Denver Minimum Wage Rate for procedure code T1019 billed with U1, HR and KX modifiers for dates of service on or after 7/1/21 were underpaid.

Providers are reminded that for the Denver Minimum Wage Rate the county of residence is based on information recorded on the member's profile in the Colorado Benefits Management System (CBMS), which is then transmitted to the Colorado interChange.

Affected claims were reprocessed between 12/10 and 12/31/21. Only claims billed at the higher, increased rate were reprocessed. Claims billed at the original rate without the increase will need to be adjusted by the provider with an adjusted billed amount.

Issue resolved 12/7/21

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### Resolved 11/1/21

#### Colorado interChange Update for Home & Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Rates

Effective 11/1/21, the Colorado interChange was updated with a temporary rate increase for some Home and Community-Based Services (HCBS) waiver benefits in response to the COVID-19 public health emergency. A temporary 2.11% rate increase will be applied to impacted services retroactively to 4/1/21 and will be in effect through 3/31/22.

The affected HCBS provider claims that have an increase due to the American Rescue Plan Act (ARPA) were reprocessed by the fiscal agent between 12/10 and 12/31/21. Only claims that were billed with the higher rate were reprocessed. Providers are instructed to submit an adjustment with an adjusted billed amount for claims billed at the original lower rate without the increase. Refer to the [December 2021 Provider Bulletin \(B2100471\)](#) for more information on the reprocessing effort.

Providers should refer to [Operational Memo Number OM 21-071](#) for more information on impacted services, billing instructions, and the total percentage increase for each service.

Issue resolved 11/1/21.

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